

## 2007 Annual Statement Filing Checklist Notes

### Note 1

#### **Supplemental Compensation Exhibit (Domestic Companies Only)**

Beginning with the December 31, 2007 Annual Statement, **ALL** Massachusetts domestic insurance companies **must file this exhibit** with the Massachusetts Division of Insurance as part of their Annual Statement filing.

### Note 2

#### **Premium Taxes**

Premium tax forms and/or payments are NOT to be filed with the Division of Insurance. All tax matters in Massachusetts, other than surplus lines premium taxes, are under the supervision of the Commissioner of Revenue. For information regarding premium tax forms and/or payments, please contact:

Commissioner of Revenue  
Audit Division, Banking & Insurance Unit  
Attn.: Mr. Patrick Hager  
200 Arlington Street  
Chelsea, MA 02150  
Telephone: 617-887-6714

### Note 3

#### **State Filing Fees and License Renewal Applications Mailing Address (Except for HMO's)**

All checks for state filing fees with Lock Box Form and License Renewal Application (where applicable) are to be mailed to:

Massachusetts Division of Insurance  
Annual Filing Fee / Company License Renewal  
PO Box 370039  
Boston, MA 02241-0739

#### **HMO License Renewal/Notification of Material Changes Mailing Address**

All HMO License Renewal/Notification of Material Changes, with the check for the appropriate fees are to be mailed to:

Commonwealth of Massachusetts  
Division of Insurance  
Financial Surveillance Section  
One South Station  
Boston, MA 02110-2208

#### **Managed Care Health Plan Accreditation Renewal Application Mailing Address**

All Managed Care Health Plan Accreditation Renewal Applications, with the check for the appropriate fees are to be mailed to:

Commonwealth of Massachusetts  
Division of Insurance  
Bureau of Managed Care  
One South Station  
Boston, MA 02110-2208

### Note 4

#### **Claims In Suit**

M.G.L. Chapter 175, Section 27, requires that the Company prepare a schedule showing all Massachusetts claims for losses in suit during the year, including suits disposed of during the year and those outstanding at year end. This schedule relates only to policyholders' suits against the Company. Do not include suits against an insured defended by the Company under liability policies. Insert the amount presented in the proof of claim if Ad Damnum and amount claimed differ. For companies writing fidelity and surety lines, the schedule must show all suits against bonds issued by the Company. The schedule shall reflect the following information:

- 1 Policy/Bond Number
- 2 Date of Loss
- 3 Date of Notice of Suit

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- |   |                                          |
|---|------------------------------------------|
| 4 | Amount Claimed                           |
| 5 | Amount Paid to Claimant to Date          |
| 6 | Name of Local Attorney in Charge of Case |
| 7 | Reason for Resisting Claim               |

If there are no suits in process, the schedule must so indicate.

### Note 5

#### **Form AR - 1 Certificate of Assuming Insurer**

This form is required to be filed by those companies that are Accredited Reinsurers only.

### Note 6

#### **Workers' Compensation Schedule C - 1**

This form is required to be filed by any foreign Company authorized for Workers' Compensation in Massachusetts that has an AM Best Rating of "B++" or lower.

This form is not required to be filed by any foreign Company authorized for Workers' Compensation in Massachusetts that has an AM Best Rating of "A-" or higher. The required Workers' Compensation deposit for these companies is \$50,000.00.

### Note 7

#### **Holding Company Registration Statement (Except for HMO's)**

#### **Holding Company Registration Statement Affidavit (Except for HMO's)**

M.G.L. Chapter 175, Section 206C, requires that every insurer that is authorized to do business in Massachusetts and which is a member of an insurance holding company system to register with the Commissioner. Foreign companies that file a registration statement under the laws of their domiciliary state, with disclosure requirements and standards substantially similar to those prescribed in Section 206C, are exempt from the filing requirement provided the domiciliary state grants a similar exemption for insurers domiciled in Massachusetts.

Foreign companies qualifying for this exemption must complete the **Holding Company Registration Statement Affidavit**, attesting that a registration statement has been filed with an appropriate state regulatory authority. The affidavit must be signed by an officer of the Company.

Non-exempt foreign companies shall prepare and submit the registration statement required by Section 206C.

If the filing of a holding company registration statement or affidavit does not apply to the Company, it should be so reported along with the reason(s) for non-applicability.

#### **HMO Holding Company Registration Statement**

M.G.L. Chapter 176G, Section 28, requires that every health maintenance organization that is authorized to do business in Massachusetts and which is a member of a health maintenance organization holding company system to register with the Commissioner. Foreign health maintenance organizations that file a registration statement under the laws of their domiciliary state, with disclosure requirements and standards substantially similar to those prescribed in Section 28, are exempt from the filing requirement.

If the filing of a holding company registration statement does not apply to the HMO, it should be so reported along with the reason(s) for non-applicability.

### Note 8

Massachusetts no longer requires hard copies of annual statements and related filings for all foreign companies licensed or authorized in Massachusetts except Fraternal Benefit Societies and Health Maintenance Organizations. In lieu of hard copies, companies are required to file a Signed Jurat Page on or before March 3, 2008. The mailing address for the Signed Jurat Page is:

Commonwealth of Massachusetts  
Division of Insurance  
Financial Surveillance Section  
One South Station  
Boston, MA 02110-2208